

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

November 07, 2013

9:00 am – 12:00 pm

AGENDA

- | | | |
|-----|-----------------------------------|-------------------|
| I | Welcome and Introductions | Bertrand Levesque |
| II | Review of the Minutes | Bertrand Levesque |
| III | Request to change Provider Report | Bertrand Levesque |

Quality Improvement

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|-----|---------------------------------|-------------------|
| I | Scheduling Clinical Appointment | Bertrand Levesque |
| II | Cultural Competency | Gassia Ekizian |
| III | Patient Right Office – NOA | Gassia Ekizian |
| IV | Survey on Access | Bertrand Levesque |
| V | SA Quality Improvement | Bertrand Levesque |
| VI | Policy Updates | Bertrand Levesque |
| VII | Medication Support | Gassia Ekizian |

Quality Assurance Liaison Meeting

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|-----|--------------------------------------|-------------------|
| I | Documentation Training | Gassia Ekizian |
| II | IBHIS | Bertrand Levesque |
| III | Day Treatment | Bertrand Levesque |
| IV | Authorized Registered Nurse | Bertrand Levesque |
| V | Service Request Log & Acknowledgment | Gassia Ekizian |

Other Issues

- | | | |
|-----|---------------------------|-------------------|
| I | State Reviews Results | Bertrand Levesque |
| II | Declaration – Appendix 25 | Gassia Ekizian |
| III | Holiday Pot Luck | Bertrand Levesque |
| IV | Announcement | All |
| V | Adjournment | Bertrand Levesque |

Next Meeting: December 18, 2013 at **Enki, 3208 Rosemead Blvd**
2nd Floor
El Monte, Ca. 91731
(626) 227 7014

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 3
Quality Improvement Committee Meeting
November 7, 2013

<i>Misty Aronoff</i>	<i>Alma Family</i>	<i>G. Bonilla</i>	<i>Homes for Life</i>
<i>Judy Law</i>	<i>Alma Family</i>	<i>Ana Beltran</i>	<i>Leroy Haynes</i>
<i>Gloria Santos</i>	<i>Almanson MH</i>	<i>Maelisa Hall</i>	<i>Maryvale</i>
<i>Makam Emadi</i>	<i>Arcadia MH</i>	<i>Karla Martinez</i>	<i>Maryvale</i>
<i>Elizabeth Gross</i>	<i>Arcadia MH</i>	<i>Jeanette Valdez</i>	<i>Maryvale</i>
<i>Sharon Scott</i>	<i>Arcadia MH</i>	<i>Richard Gomez</i>	<i>McKinley</i>
<i>Lucia Lopez-Plunkett</i>	<i>Bienvenidos</i>	<i>Sally Bermudez</i>	<i>McKinley</i>
<i>Leslie Shrager</i>	<i>Children's Bureau</i>	<i>Nicole Unrein</i>	<i>Pacific Clinics</i>
<i>Hanh Truong</i>	<i>Crittenton Svcs.</i>	<i>D. Chavez</i>	<i>Prototypes I-CAN</i>
<i>Paula Randle</i>	<i>David & Margaret</i>	<i>Natasha Stebbins</i>	<i>PUSD</i>
<i>Bertrand Levesque</i>	<i>DMH Prog. Admin.</i>	<i>Gabriella Lacayo</i>	<i>Rosemary</i>
<i>Elizabeth Townsend</i>	<i>DMH QA</i>	<i>Rosalee Velasco</i>	<i>Rosemary</i>
<i>Mary Crosby</i>	<i>DMH QI</i>	<i>Rebecca deKayser</i>	<i>San Gab. Children's</i>
<i>Martin Hernandez</i>	<i>DMH PRO</i>	<i>Rose Kosyan</i>	<i>SPIRITT</i>
<i>Nancy Uberto</i>	<i>D'Veal</i>	<i>Cindy Longoria</i>	<i>SPIRITT</i>
<i>Michelle Hernandez</i>	<i>ENKI</i>	<i>Anna Mulholland</i>	<i>The Family Center</i>
<i>Windy Luna-Perez</i>	<i>Etti Lee</i>	<i>Stephanie Schneider</i>	<i>The Family Center</i>
<i>Karen Sammon</i>	<i>Five Acres</i>	<i>Luis Garcia</i>	<i>Tri-City MH</i>
<i>Gassia Ekizian</i>	<i>Foothill Family</i>	<i>Melody Taylor Stark</i>	<i>Tri-City MH</i>
<i>Kameelah Wilkerson</i>	<i>Hathaway-Sycamores</i>	<i>Lisa Tran</i>	<i>Tri-City MH</i>
<i>Stella Tam</i>	<i>Heritage Clinic</i>	<i>Joe Bolgna</i>	<i>Trinity</i>
<i>Jacqueline Camacho-Gutierrez</i>	<i>Hillsides</i>	<i>Jason Herrera</i>	<i>Trinity</i>

WELCOME

Bertrand Levesque welcomed the group, followed by self-introductions.

REVIEW OF THE MINUTES

The minutes were reviewed and accepted by Karen Sammon and seconded by Lisa Tran

REQUEST TO CHANGE PROVIDER REPORT

The Request to Change Provider Report was distributed for review

QUALITY IMPROVEMENT

LA County DMH Quality Improvement Committee Chair: Naga Kasarabada is now the Quality Improvement Committee Chair, replacing Martha Drinan.

Scheduling Clinical Appointments: Policy 202.43 and Notice of Action E clarification was given that the timeline for an initial appointment is 30 calendar days, not 30 business days from the date of request for services.

Cultural Competency: The Cultural Competency Committee met on October 9, 2013. Meetings are held every 2nd Wednesday of the month, 10th Floor. Contact: Sandra Chang-Ptasinski (schang@dmh.lacounty.gov • (213) 251-6851). The December meeting will include nominations for new co-chairs along with choosing new goals and subcommittees for 2014.

Patient's Rights Office:

Bertrand noted that Martin Hernandez will be attending the SA-3 QICs representing the Patient's Rights Office.

NOA: A reminder was noted that NOAs need to be done after an assessment when the client does not meet medical necessity. The original of the NOA is to be placed in an administrative file, a copy given to the beneficiary with the Hearing Rights on the back of the form, and a copy faxed to Patient's Rights

PRO is preparing FAQs to address concerns and is working on defining if "assessment" for NOA requirement is the initial interview or intake assessment.

NOA forms A & E are in process of being translated into Spanish.

Survey on ACCESS:

A "Survey on ACCESS Center Referrals" form was distributed. The survey will indicate if referrals are being misdirected and/or if appropriate agency information is on file. Surveys are to be completed and turned in to Bertrand at the December meeting. A survey is needed for each Reporting Unit within a Legal Entity.

If an agency receives a misdirected ACCESS referral, please contact Michael Tredinnick at the ACCESS Center: 562-565-6397 or mtredinnick@dmh.lacounty.gov

SA Quality Improvement: A handout was distributed on the responsibilities of Service Area Quality Improvement Committees was distributed. All agencies should become familiar with the content.

Policy Updates: Policy Updates is now a regular QIC agenda item. A handout was distributed listing all policies updated since June 2013.

Medication Support:

Per the QI Work Plan, the Medication Support Services policy 103.06 and Parameters 2.7, 3.8, 3.9 and 3.10 have been updated within the last 6 months.

The Office of Medical Director concluded the Peer Review of twenty-two Directly Operated Clinics focusing on indigent clients receiving 5 or more concurrent psychotropic medications. All identified departures discrepancies have been addressed.

QUALITY ASSURANCE

Documentation Training: An updated list of Documentation Trainings was distributed.

IBHIS: Directly Operated clinics will begin IBHIS pilot testing on November 11. More information is forthcoming regarding IBHIS and the upcoming procedural changes such as consolidation of records and discontinuance of episodes.

Day Treatment: As disallowances in Day Treatment programs have not improved, the LA County Chart Review Tool is being amended to include Day Treatment compliance criteria. The update should be available some time in December.

Authorized Registered Nurse: Bulletin 13-05, "Authorized Registered Nurse" has been posted on the DMH site. The policy is for Directly Operated and details procedure and training requirements for RNs to conduct assessments and diagnoses. Training will be for Directly Operated services only.

Service Request Log and Acknowledgement: A bulletin detailing information required for Service Request Logs and Beneficiary Acknowledgement of Receipt will be posted on the DMH site this week. Tracking Log and Acknowledgement of Receipt forms will be available. The forms must be

used by Directly Operated. Contract Providers can use the forms or their own forms as long as all required elements are included.

OTHER ISSUES

State Review Results: The County received feedback from the State regarding the February 2013 audit.

Declaration – Appendix 25: Directly Operated: Appendix 25 of the Clinical Records Manual is a custodian of records declaration that must be attached to records sent due to a subpoena. Contract Providers should consult their legal counsel regarding use of

Holiday Pot Luck: The December meeting will include a pot luck brunch. More information is forthcoming.

Announcements: No announcements were noted.

AUDITOR-CONTROLLER PRESENTATION

Nina Johnson and Sukeda Day from the LA County Department of Auditor-Controller presented a DMH Contract Compliance Training. They noted that the Auditor-Controller audits are part of a Board of Supervisors mandate to strengthen county contracts and services on an ongoing basis and the purpose of the training is to help decrease audit findings.

Mses. Johnson and Day focused on the need for: assessments to be individualized, strong in indicating functional impairments, and consistent with DSM-IV criteria; client plans to be consistent with the assessment (of particular note were TCM goals), include strong SMART goals and interventions, and show client progress from year to year; progress notes need to be “stand alone” but connect to previous services, consistent with the client plan and assessment, within scope of practice, and reflect the code and time billed.

Adjournment – Meeting was adjourned at 11:30am

Minutes recorded by: Melody Taylor Stark, Tri-City Mental Health

Minutes approved by: Bertrand Levesque, Gassia Ekizian
Quality Improvement Committee

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